

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index No. <u>166</u>			
County of <u>Mila</u>				ORIGINAL CERTIFICATE OF BIRTH			
District of _____				Co. Registrar's No. <u>308</u>			
Town of <u>Miami</u>				Local Registrar's No. _____			
City of _____ (No. _____ St; _____ Ward)							
FULL NAME OF CHILD <u>Salvador Fragoza</u>				Born <input checked="" type="checkbox"/> YES			
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive <input checked="" type="checkbox"/> NO			
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 15 - 1921</u>		
FATHER				MOTHER			
Full Name <u>Apolito Fragoza</u>				Full Maiden Name <u>Ariguida Ramirez</u>			
Residence <u>Miami, Arizona</u>				Residence <u>Miami, Arizona</u>			
Color or Race <u>Mex</u> Age at last Birthday <u>29</u> Years				Color or Race <u>Mex</u> Age at last Birthday <u>44</u> Years			
Birthplace <u>Durango, Mexico</u>				Birthplace <u>Zacatecas, Mex</u>			
Occupation <u>Laborer</u>				Occupation <u>Housewife</u>			
Number of child of this Mother <u>2</u>		Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 15, 1921, at 3 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature C. M. Cron M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Arizona

261-515-199
COUNTY REGISTRAR.

Filed May 25 1921

B. J. Hardy M.D.
LOCAL REGISTRAR.

Filed 6-1 1921 A True Copy

A. J. Fox
COUNTY REGISTRAR.